A Dallas doctor who spoke truth to power: three perspectives

John S. Fordtran, MD, Robert Prince, MD, and Donald W. Seldin, MD

DR. MICHAEL EMMETT: INTRODUCTION TO THE ELGIN WARE LECTURESHIP

This internal medicine grand rounds is the first Elgin W. Ware Lectureship in Medical History *(Figure 1).* Dr. Elgin Ware, a long-time urologist at Baylor University Medical Center at Dallas and chief of urology from 1986 to 1987, has spent his entire life in Dallas: he graduated from Highland Park High School, Southern Methodist University, and the University of Texas Southwestern Medical School before completing an internship at Baylor Hospital and a urology residency at Parkland Hospital.

After completing his training, Elgin entered the practice of urology and quickly became a leader at the local, state, and national level. He was the president of the Dallas County Medical Society in 1976, has been a delegate of the Texas Medical Association (TMA) for many years, and served as a trustee of the TMA from 1980 to 1990. He was elected president of the American Association of Clinical Urologists in 1978. Beyond the hospital, he served as a member of the Highland Park School Board for 14 years, worked as a volunteer and then director of the Stewpot, a downtown Dallas soup kitchen, and initiated a medical clinic to provide care to the indigent.

Finally, Elgin has a profound interest in medical history. He chaired the History of Medicine Committee of the TMA from 1989 to 2001. In 1995, he established the Elgin W. Ware, Jr., TMA collection of prints and drawings at the Blanton Museum of Art on the University of Texas campus to educate the public about the profound connections between medicine, art, and print making from the renaissance to the present. He also coestablished, with Robert Mickey, the History of Medicine Photography Gallery at the TMA. Now Elgin has generously endowed a history of medicine lectureship at Baylor, which will teach future generations of Baylor physicians about the roots of their profession. We thank him for yet one more important contribution to our profession and our education.

Figure 1. Grand rounds speakers Dr. John Fordtran, Dr. Robert Prince, Dr. Elgin Ware (who endowed the lectureship), Dr. Donald Seldin, and Dr. Michael Emmett.

The first Elgin W. Ware Lecture in Medical History is presented by Dr. John S. Fordtran. Dr. Fordtran is an internationally renowned gastroenterologist and physiologist. He also is deeply interested in the history of medicine in Dallas and Texas.

DR. JOHN FORDTRAN: A DALLAS DOCTOR WHO SPOKE TRUTH TO POWER

In the mid 20th century, Jim Crow laws were still in place in the United States. *Jim Crow* is a nickname for discrimination against African Americans by legal enforcement or traditional sanctions. The purpose of Jim Crow laws was to ensure that blacks and whites would not meet as equals. The laws were sanctioned by the Supreme Court in 1896, which called for "separate but equal" status. The term is derived from a blackface song-and-dance act, called "Jump Jim Crow," which was first performed in 1828 (1).

Because of Jim Crow laws and sanctions, in 1948, black doctors in Dallas were not allowed to be on the medical staff

From the Division of Gastroenterology, Department of Internal Medicine, Baylor University Medical Center at Dallas (Fordtran); the Department of Obstetrics-Gynecology, St. Paul's Hospital and The University of Texas Southwestern Medical School at Dallas (emeritus) (Prince); and the Department of Internal Medicine, The University of Texas Southwestern Medical School at Dallas (Seldin).

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Corresponding author: John S. Fordtran, MD, Division of Gastroenterology, Department of Internal Medicine, Baylor University Medical Center at Dallas, 3500 Gaston Avenue, Dallas, Texas 75246 (e-mail: john.fordtran@BaylorHealth.edu).

of Parkland, St. Paul's, Baylor, or Methodist Hospitals. As such, they were unable to provide modern hospital treatment for their patients, and they were excluded from hospital-sponsored educational programs. Black students were also excluded from Dallas colleges, Southwestern Medical College, and the Dallas Public Library.

This prohibition against black physicians was facilitated by organized medicine. The American Medical Association (AMA) had no restriction on black physicians, but it recognized only one organization from each state, and in Texas that was the Texas Medical Association (TMA), which was for white physicians only (2, 3). The Dallas County Medical Society (DCMS) followed the TMA policy of white only. Dallas public hospitals, in turn, required membership in the DCMS as a prerequisite to membership on their medical staffs. Thus, no black physicians in Dallas could have privileges or staff membership at public hospitals. It is interesting to note that not all county medical societies in Texas followed this policy. For example, in 1932 a black physician named Dr. C. Austin Whittier was admitted to the Bexar County Medical Society (4, 5).

The National Medical Association existed for black doctors, and there was a Texas chapter of that organization called the Lone Star State Medical, Dental, and Pharmaceutical Association. The state societies had county chapters. In Dallas County, the chapter was named the C. V. Roman County Medical Society, for the pioneering physician from Dallas who was the first from Texas to lead the National Medical Association. Since the AMA recognized only one medical society from each state (e.g., the TMA), the Lone Star Medical Society was not able to affiliate with the AMA (2, 3, 6). The only hospital in Dallas that black doctors could use was the Pinkston Clinic Hospital (7), which had 14 beds *(Figure 2).* In equipment, diagnostic facilities, and educational activities, it was not nearly equal to the major public hospitals in Dallas. Moreover, it did not have round-the-clock nursing staff, an impediment that markedly restricted surgical treatment.

Peaceful enforcement of the restriction of black doctors from public hospitals in Dallas involved a conspiracy between white hospital administrators and white businessmen. If a black doctor complained about lack of access to a particular hospital, he would receive a call from his bank related to possible problems with the mortgage on his home. The mortgage problem would escalate to the point where the black doctor would withdraw his application for staff membership. On one occasion, a black doctor's wife was threatened by the mayor's office by asking her if she was aware of what it could do to her husband's medical practice (8).

Figure 2. Pinkston Clinic Hospital in 1926. The hospital, located at 3305 Thomas Avenue, at the intersection of Hall Street, was still in operation in the 1940s and 1950s.

The TMA's exclusion of African American physicians

As shown in *Table 1,* from its beginning in 1853 (2) until 1893, the TMA constitution and bylaws had no restriction against African American physicians. This restriction was added in 1893, and it was not stated as "white only" but rather it was a specific exclusion of Negro physicians (9, 10).

The discussion that led to the change in TMA membership requirements was recorded and published in the *Transactions of the Texas State Medical Association* in 1893 (10, p. 55), and is paraphrased as follows:

> Dr. Charles M. Rosser of Dallas thought that Section No. 3 as read would exclude ladies and admit colored people. He suggested the words "white man or woman" instead of the word "man" in the section.
>
> Dr. Robert W. Knox of Houston asked what races were to be deemed "white" and what "black."
>
> Dr. Rosser said it was well known what "white" meant, and that it was the intention to exclude Negroes.
>
> Dr. William Keiller of Galveston thought learning made all men akin and that color had nothing to do with it.
>
> Dr. Albert G. Clopton of Jefferson said that the gentleman had not been long enough in the South to appreciate the prejudice which exists in the minds of the Southern people against anything like social equality between the whites and Negroes. He moved to amend the section to read "Every regularly educated physician except Negroes eligible to membership in this body."
>
> The amendment was put and carried by almost a unanimous vote.

In 1903, during the reorganization of the TMA (2), the bylaws were changed to specifically state that members must be white (Table 1) (personal communication, Betsy Tyson, April 2012; 11, p. 12).

In 2008, the AMA officially apologized for past inequality against black doctors (12). The apology stated that the AMA's history of allowing discrimination went back to its very beginnings. Its policies effectively allowed each state to decide whether to let black physicians become members, and nearly all southern state medical societies barred black doctors from joining. It wasn't until 1968 that the AMA threatened to expel organizations with racially exclusionary policies (12). This apology was noted in the *Dallas Morning News* on July 10, 2008, and the response suggested that African American physicians still do not enjoy full equality in Dallas medicine (13).

Table 1. The Texas Medical Association constitution and bylaws: requirements for membership

Year	Requirements for membership
1853	The association shall not be limited as to number, but shall be open to every gentleman of the medical profession, residing within the state, under the terms and conditions hereinafter to be exercised.
1892	Every regularly educated man within the limits of this state, who is a graduate of a regular medical college in good standing, and who adopts and conforms to the Code of Ethics of the American Medical Association, shall be eligible to membership in this body; provided they are members in good standing of their respective county or district medical societies. In all cases where there exists no county medical organization (and the qualifications for membership are perfect in every other respect), this fact shall not be a bar to membership.
1893	Every regularly educated physician within the limits of this state, who is a graduate of a regular medical college in good standing, and who adopts and conforms to the Code of Ethics of the American Medical Association, shall be eligible for membership in this body, except those of the Negro race.
1903	Each county society shall judge of the qualification of its own members, but as such societies are the only portals to this Association and to the American Medical Association, every reputable white and legally registered physician who is practicing, or who will agree to practice, non-sectarian medicine shall be entitled to membership.

Responses of white doctors to the policy

As far as I could tell, none of the white doctors I knew in the 1940s and 1950s thought the policy was wrong, and I did not think it was wrong. However, if someone had objected to it, he or she would have probably been afraid to speak out in favor of African American doctors; that would have been equivalent to "touching the third rail" (personal communication, David Hitt, January 2011). Support of white-black equality could result in the loss of one's medical practice with white patients, as well as ostracism of one's wife and children. Yet, unknown to me, one white doctor from Dallas was speaking out.

Tate Miller *(Figure 3)* was a native Texan from a small town with credentials in organized medicine and the US Navy. He was born in 1892 in Corsicana, Texas. He received his medical degree in 1915 from Vanderbilt, following which he was an intern at Parkland Hospital for 1 year. He then became a gastroenterologist by preceptorship with Dr. H. G. Walcott, the first gastroenterologist in Dallas. Dr. Miller practiced gastroenterology from 1916 to 1960, mainly in Dallas' Medical Arts Building. From 1929 to 1943, he was a professor of clinical medicine at Baylor University College of Medicine while it was in Dallas. In addition, he served in the US Navy in both World War I and World War II (14, 15).

Tate Miller was active in Texas medical associations: he was president of DCMS in 1935 and president of the TMA in 1948. He was a gifted public speaker, known as the "Will Rogers of Texas Medicine," according to the *Dallas Morning News* (14). One of his contemporaries noted that he was "plain famous for his fabulous jokes," most of which he made up himself. It is also important to note that although Dr. Miller was a specialist, he often championed the cause of the general practitioners (15). "They built the medical profession, brought it to glory, and established in the minds and hearts of the public a place for their calling, above and beyond that held by any other calling" (16). He toured the state in the interest of better rural medical care. He often repeated the following aphorism: "On a lot of patients we can not make the correct diagnosis. Some we diagnose we cannot cure. But there is never a time in the practice of medicine that you can't be kind to a sick man."

Figure 3. Tate Miller, MD.

The legislative body of the TMA is the House of Delegates. In 1949, each county in Texas was entitled to one delegate for each 100 members or fraction thereof (2, p. 234). Since a county with 4 physician members and a county with 99 physician members would each have one delegate, there would have been a predominance of general practitioners from rural areas in the House of Delegates in 1949. These men would have had respect and admiration for Tate Miller.

One of the customs of the TMA was for the retiring president to address the House of Delegates, and in 1949 Dr. Tate Miller spoke to the delegates at the annual TMA meeting (17), which that year was held in San Antonio (2). After brief comments about organizational issues and plans for future meetings, he broached a subject that must have surprised, if not shocked, the delegates.

> I have been advised not to discuss this problem, but I feel it is a good thing to do. We have in Texas the Lone Star Medical Association made up of licensed Negro doctors, with whom our connection and cooperation have been poor. I urge the incoming president to form a friendly and able committee to work with . . . the Lone Star Medical Association to allow Negro doctors in Texas to enjoy the benefits of AMA membership, and to provide them with modern hospital facilities for the care of their patients.

The House of Delegates formed a Committee on Negro Medical Facilities; Dr. Tate Miller served as chairman, and other members included Dr. Truman Terrell of Fort Worth and Dr. Merton Minter of San Antonio.

One year later, in 1950, Miller gave a report from the Committee on Negro Medical Facilities to a reference committee (presumably a screening subcommittee of the House of Delegates). The report explained that "good Negro doctors tend not to come to Texas because it means giving up membership in the AMA," and black doctors were "only asking for the right to improve the health of their people, and in the generosity of our professional conscience we cannot say no." Miller therefore recommended that the TMA allow county medical societies to accept black doctors. To make this possible, he introduced a resolution to delete the word *white* from the requirements for membership in the TMA. When this resolution came before the House of Delegates in 1951, it was decided to give the matter further study, delaying a decision until 1952 (2, 18).

In 1952, the resolution to delete the word *white* from the requirement for TMA membership was tabled, and the House of Delegates instead recommended that the AMA recognize the Lone Star Medical Society in addition to the TMA. (This would allow Negro doctors in Texas to join the AMA, but it would not permit them to be on the medical staff of Texas hospitals.) The House of Delegates pledged cooperation with the Lone Star Medical Society and invited its members to attend scientific sessions of the TMA whenever "hotels and other places would allow" (2, 18).

In 1953, at the next TMA meeting, Miller again addressed the House of Delegates, with greater fervor and determination (6):

> Two years ago a resolution to omit the word *white* as a requisite to membership in the TMA was introduced to you. One year ago after the required waiting period, during a moment of my enforced absence, a delaying and diverting resolution was introduced recommending to the AMA that they give recognition and extend favors to our Lone Star State Medical Association.
>
> The AMA will not recognize two separate associations coming from the same state and the problem is handed back to us.
>
> A motion was made and passed last year to table the recommendation that the word *white* be deleted, and it died on the table, so if it is desirable to consider it further, the resolution will have to be resubmitted and another year pass before it can be voted on.

Miller pleaded with the delegates: Membership in this organization "is open to all other races and creeds, friends and national enemies alike, whether they be white, yellow, brown or deep mahogany." Membership "should be open to our American born, friendly, loyal Negro doctors."

Following these remarks, Miller asked the delegates straight out whether they wanted his committee "to continue its efforts to remove the word *white*, or whether you prefer that it desist." Then he said, "If you vote to continue I shall proudly carry that message to the Negroes. If you vote that we discontinue, I shall carry that message, but with shame and deep humiliation." There was a delay of a year before the question could be considered again.

At the annual meeting in 1954, Dr. C. C. Boehler of El Paso introduced a resolution to strike the word *white* from membership requirements of the TMA (19). Tate Miller argued again in favor of the resolution, this time invoking Texas pride, Hippocrates, and the underlying rationale of organized medicine (3, 19):

> In earlier years, I had an ambition to be present when Texas was the first to take a broadminded, realistic attitude [regarding discrimination against black doctors]. . . . My ambition now is to keep Texas from being the very last. There is no race or color exception in our oath of Hippocrates. It boils down to two simple questions. If organized medicine is a good thing that helps doctors take better care of sick folks, how can we in decency or charity withhold its benefits from other doctors? If organized medicine is not a good thing, why are we here?

After listening to Tate Miller, the delegates agreed that the committee should continue its work, and it concurred with the intent of the resolution. Constitutional changes required a layover of 1 year before final action, and the delegates voted in April 1955 by secret ballot—6 years after Miller originally raised the issue. Of the 154 members casting ballots, 102 voted favorably (76%) to delete *white* from the TMA's constitution and bylaws (3). It is worth noting that the delegates decided to allow African American doctors to join the TMA even though there was tension between the TMA and the National Medical Association related to their opposite views on the need for the proposed forerunners of Medicaid and Medicare (2, 18).

The board of directors of the DCMS met on May 3, 1955, in the Medical Arts Building. It was announced that the bylaws of the TMA had been amended by eliminating the word *white* from membership requirements. The board of directors authorized a resolution to be presented to members of the DCMS, recommending and proposing a change in the bylaws of the DCMS to conform to the amended bylaws of the state association. On May 10, 1955, the DCMS met in regular session at Baylor Hospital. The following resolution was read by Dr. Glenn Carlson:

> WHEREAS, the Constitution and By-Laws of the Texas Medical Association have been amended by eliminating the word *white* as a qualification for membership; and
>
> WHEREAS, the Delegates from the Dallas County Medical Society to the Texas Medical Association were instructed to vote for the amendment which eliminated the word *white* from the qualifications for membership;
>
> THEREFORE BE IT RESOLVED, that Chapter 1, Section 1, of the By-Laws of the Dallas Medical Society be amended by eliminating the word *white* from the following phrases: "every reputable and legally qualified white physician holding the degree of Doctor of Medicine", and "except that white medical officers of the federal government."

The DCMS met again in regular session on June 14, 1955, at Methodist Hospital. Dr. Carlson presented the above resolution again. On motion properly seconded, the amendment to the bylaws was unanimously adopted by the members present. These actions are documented in records maintained by the

Table 2. Some other efforts to reverse segregation between 1947 and 1964

Year	Effort
1947	The Fair Employment Practices Act forbade discrimination on the basis of race or national origin.
1948	President Truman issued an executive order to end segregation in the armed forces.
1950	The US Supreme Court invalidated segregation in state-supported postgraduate education (specifically at The University of Texas Law School in Austin).
1954	The US Supreme Court ruled that segregated schools were inherently unequal.
1955	Rosa Parks, the Montgomery bus boycott, Martin Luther King, Jr., and the nonviolent protest movement emerged.
1956	The Supreme Court issued guidelines to be used in desegregating school districts.
1957	President Eisenhower ordered federal troops to Little Rock.
1964	Congress passed the Civil Rights Act, which banned discrimination in all public places.
1964	Medicare and Medicaid were signed into law by President Johnson, which ended desegregation in any hospital wishing to admit patients covered by Medicare or Medicaid.

DCMS. It is gratifying to note in the second clause of the resolution that in 1954 the DCMS had instructed its delegates to the TMA to vote in favor of removing the word *white* from the TMA constitution.

As a result of these actions by white doctors in Dallas and Texas, black doctors were eligible to join the DCMS, paving the way for their access to Dallas hospitals. *Table 2* shows some of the other major national events that occurred between 1947 and 1964 in an effort to reverse segregation based on race.

St. Paul's Hospital

From its founding in 1898, St. Paul's Hospital *(Figure 4)* had three commitments: 1) to care for the sick and indigent of all classes, races, and creeds without prejudice; 2) to open its doors to all physicians; and 3) to maintain a "public medical staff" for the general public (20). In line with these commitments, on June 25, 1954—about 2 months after the tentative agreement of the TMA House of Delegates to remove the word *white*, but before the final vote and before the change in the DCMS bylaws—the *Dallas Morning News* published an article, "Negro MD's to Practice in St. Paul's" *(Figure 5).* The text of the article included the following statements, which are paraphrased here (21):

> Dallas has 18 Negro medical doctors, but because of limited hospital rooms only five may admit patients at St. Paul's Hospital. Those five were chosen by a committee of Negro physicians from Dallas. All five are general practitioners *[Figure 6]*. Sister Mary Helen and Dr. John Goforth took the five Negro physicians on a tour of St. Paul's. There was no negative reaction by 300 other doctors on St. Paul's medical staff.
>
> Saint Paul's is not extending staff membership to the Negro doctors, but rather hospital privileges. But they will have both the privileges and the obligations of staff members. A check of Parkland, Baylor and Methodist indicated that privileges for Negro doctors had not come up for consideration.

Figure 4. St. Paul's Sanitarium at Bryan and Hall Streets in Dallas. This building was used for the hospital from 1898 to 1963; it was eventually replaced with a new building closer to the University of Texas Southwestern Medical School.

Negro MD's To Practice In St. Paul's

By HELEN BULLOCK

St. Paul's Hospital this week became the first white Dallas hospital to open its facilities to Negro physicians.

The decision to extend hospital

Figure 5. Newspaper article from the *Dallas Morning News*, June 25, 1954.

Sister Mary Helen Neuhoff *(Figure 7),* who had been the CEO of St. Paul's Hospital for only 1 year (22), made these decisions. Previous colleagues and family members described her to me as a talented administrator, strong-willed, perceptive, and with a majestic presence. She was reserved, formal, friendly, and a good listener. With her "hands-on" approach to patient care, she created a wonderful environment for practice and was concerned with the welfare of the underprivileged. She was gently persuasive and an "up-front person." She left St. Paul's Hospital in 1961 and died in 1992 (23).

Dr. John Goforth (1897–1985) was Sister Mary Helen's confidant *(Figure 7)*. A native of Beeville, a small town in South Texas not far from Stockdale, he went to Johns Hopkins Medical School and was a pathologist at St. Paul's. He also had an office and a pathology laboratory in the Medical Arts Building, where he would have known Tate Miller. Like Miller, he served as president of DCMS. He was president of the medical staff at St. Paul's from 1953 to 1955. He was prominent locally and nationally as a pathologist (24, 25).

As far as I can tell, Sister Mary Helen left no record of how or why she made the decision to allow black doctors to practice at St. Paul's Hospital in 1954. The announcement of this event by the *Dallas Morning News* (21) was based in large part on an

Figure 6. The first five black physicians to practice at St. Paul's Hospital. Standing (from left to right): Drs. Frank Jordan, Joseph Williams, William Flowers, and George Shelton. Seated: Dr. Lee Pinkston. Reprinted with permission from the *Dallas Morning News*.

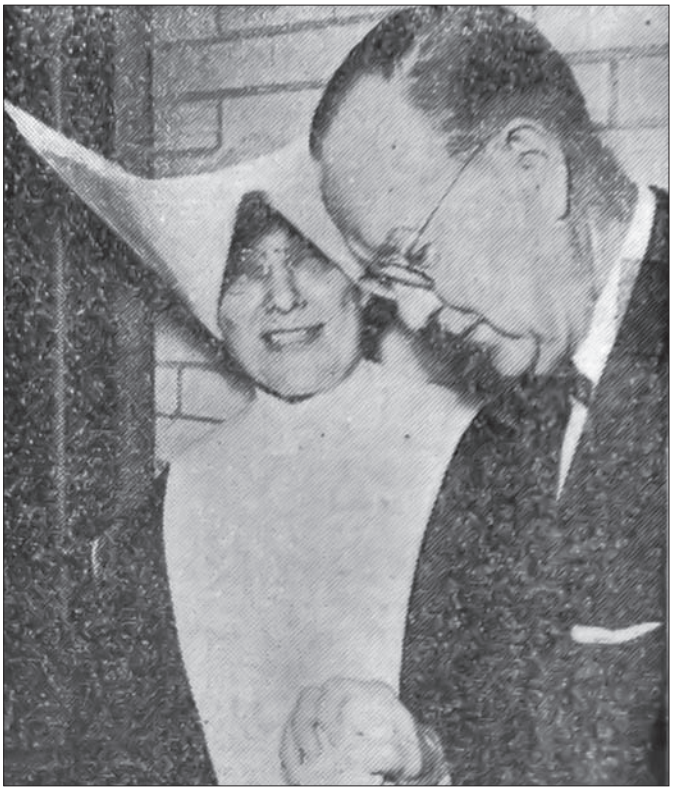

Figure 7. Sister Mary Helen and John Goforth, MD, from St. Paul's Hospital. Reprinted with permission from the *Dallas Morning News*.

interview with Sister Mary Helen, and it provides the only information I could find about the decision. Some of that report is paraphrased as follows:

> The decision to extend hospital privileges to Negro MD's recently was approved unanimously by the hospital's medical staff. The details were worked out late Wednesday at a meeting of Sister Mary Helen, Dr. John Goforth (medical staff chief), and the five Negro doctors (21).

No information is available on any background work that may have been needed to gain unanimous approval of the medical staff, what role was played by the Catholic Church or trustees of St. Paul's Hospital, or whether or not Sister Mary Helen knew or had talked to Tate Miller.

What did all this do for black doctors in Dallas?

First, based on the efforts of Tate Miller, Sister Mary Helen, John Goforth, and St. Paul's Hospital, black doctors received medical staff privileges at St. Paul's Hospital in 1954, and in 1956 they received full medical staff membership at St. Paul's (26). Second, black doctors were able to apply for and receive membership in the DCMS, the TMA, and the AMA. As a result of these two actions, black doctors were able to take much better care of their patients and to be part of continuing education programs at a major Dallas hospital. All of this occurred 8 to 10 years before passage of the Civil Rights Act in 1964. Dr. Emmett J. Conrad, an African American surgeon who came to Dallas in 1955, said that "Saint Paul opened its doors before the hospitals in Chicago, New York, San Francisco, and all the so-called bastions of liberty" (8). He also said, "I chose Dallas because it was the first place that gave me an opportunity to practice in a first-class hospital."

It should be noted that there were important limitations to what was provided to African American doctors through these efforts. First, St. Paul's Hospital remained segregated; black patients were isolated in one section of the hospital, and there were still separate water fountains, separate dining rooms, and separate waiting rooms. Second, the DCMS directory contained an asterisk by the names of black physicians so that their wives could be easily and automatically excluded from activities of the Wives' Auxiliary. Third, the black doctors were not protected from racial slurs from a minority of white doctors on the staff of St. Paul's Hospital (27). Finally, the medical staff and administration of other Dallas hospitals did not follow suit. In 1956, a Baylor Hospital source told the *Dallas Morning News* that no black physician had made application for membership. "But if they do apply, their applications will be handled in the same manner as those for white physicians" (26). At Baylor, an African American physician was not given privileges or staff membership until 1968. Methodist Hospital first gave privileges to a black doctor in 1962 (personal communication, Charles Tandy, April 2012). I was unable to find the date at which Parkland Hospital first gave staff membership to black doctors.

Motivations of St. Paul's and other hospitals

It is not entirely clear what made St. Paul's Hospital so progressive in providing black doctors access to its facilities.

There were personnel differences: different administrators and different medical staffs. Beyond that, the hospitals had different missions. As noted, St. Paul's Hospital explicitly had a mission of serving "all races" (20). In addition, St. Paul's had primarily general practitioners in solo practice; Baylor had mostly specialists and many group practices. There were obvious differences in religious affiliations.

Baylor's delay in granting staff membership to black doctors may have been influenced by its partial moratorium on granting staff membership to all new applicants in the mid 1950s. Veterans from World War II were able to attend medical school in the late 1940s using support from the GI Bill, and this resulted in an influx of applicants for medical staff privileges at all public hospitals. Moreover, Truett Hospital at Baylor opened in 1950. It was the only air-conditioned hospital in the city, and it had the image of a "specialty" hospital. These features resulted in a further increase in applications for staff membership at Baylor. In 1954, even doctors on the teaching service could not get their patients into the hospital. The pressure to do something was enormous, and the two "solutions" were to build Hoblitzelle Hospital (which would take time) and to decrease demand by putting a moratorium on the addition of new physicians to the medical staff. In response to the desire of some prominent Baylor physicians to add partners, the moratorium was relaxed in 1955. New partners of attending physicians could join the staff in some departments (but not others). The partial moratorium was variably enforced after Hoblitzelle Hospital opened in 1959. In internal medicine, the moratorium was apparently still in force in 1966, when Dr. Dan Polter applied for privileges but was rejected (28).

It seems likely that Baylor's policy of accepting new staff members only if they were to be partners of existing medical staff was one of the reasons that black doctors were not accepted prior to 1968. There is no way to know when black doctors would have been accepted at Baylor had this partial moratorium not existed. It is clear that St. Paul's Hospital gave privileges to black doctors in 1954 despite "limited hospital beds," indicating that it was also suffering from a hospital bed shortage when it accepted African American doctors. I do not know if shortage of beds delayed Methodist Hospital from welcoming African American doctors.

The bed shortage in Dallas in the 1950s may have been a double-edged sword in regard to allowing black doctors to use public hospitals. It could be used as a reason not to admit any new doctors to a hospital's medical staff. But if a hospital administrator decided to give privileges to black doctors, disgruntled white doctors would not have the leverage of easily moving their practice to other hospitals in the city.

Some elements of Tate Miller's unlikely success

Several factors contributed to Miller's success. First, it took insight, empathy, and sensitivity for Miller to recognize that it was wrong to exclude black doctors from the medical staff of public hospitals; such exclusion had been the status quo for his entire life. Second, he banished fear. What he did was dangerous: he could have been physically hurt, and his family could have been ostracized. Third, he had credentials that made the delegates receptive to him—he was from a small Texas town and was in the navy—and he worked within the system of organized medicine. Fourth, general practitioners all across the state of Texas were indebted to Tate Miller for his visits, where he had spoken to them about the glory and the nobleness of the general practitioner in particular, and rural medicine in general. He was willing to ask for their help when he needed it.

Fifth, and probably most importantly, he argued mainly on the basis of quality medical care of African American people, rather than on general moral principles of right and wrong. He emphasized that black patients were not receiving quality medical care because their doctors did not have admitting privileges at public hospitals. He pointed out that most white doctors did not want black patients in their offices. Black doctors were therefore needed to take care of black patients, and white physicians should not allow a large segment of the city's population to receive care from doctors who were excluded from the postgraduate benefits of organized medicine. Tate Miller therefore approached the issue based on undeniable medical concerns. Had he been a moral crusader, he probably would have gotten nowhere.

As was mentioned previously, Tate Miller told the TMA delegates in 1953 that he would carry their decision to the Negro doctors, but he never said which Negro doctors he was in contact with. Although it might be reasonable to assume he was referring to black doctors in Dallas, I found no evidence that that was the case. Perhaps he was corresponding with Dr. C. Austin Whittier, from San Antonio, who was president of the National Medical Association from 1948 to 1949 (19, 29, 30), the same year that Miller was president of the TMA. Articles in the *National Medical Journal* indicate that these two men were communicating with each other, and it would be just like Tate Miller to work through official channels of organized medicine, president to president.

As far as I can tell, after the TMA removed its restrictions on African American physicians, Tate Miller never again spoke about this issue. The underlying motives for his actions are unknown. However, a recent book by Dara Horn titled *The Rescuer* discusses individuals who step forward and take risks to help others (31). The book presented this story:

> A guy in New York fell onto the subway tracks, and another man jumped down to rescue him. When he was asked why he did it, he said, "What else could I do? There was a train coming." For most people, that would be a reason not to do it.
>
> Rescuers actually don't hesitate or agonize. They immediately recognize what the situation calls for. When they say that it is no big deal, we think they are being modest. They aren't. They genuinely experienced it as no big deal.

I believe that Tate Miller considered what he did as no big deal. I think he perceived a serious problem, realized he was in a unique position to help, and was aware but unafraid of the substantial risks to his well-being. I think one of the

underlying forces causing him to act was his belief that all good doctors were brothers and that this transcended any differences between them.

While he didn't consider what he did to be a big deal, it is important to emphasize that no other white doctors in Dallas stood up. I certainly didn't. Moreover, I think what Tate Miller accomplished was monumental. He was a southern white doctor who convinced an organization of southern white doctors to dismantle a barrier that had long prevented black physicians from using public hospitals to take care of their patients. He did this 10 years before desegregation was mandated by the federal government. I also think that the lessons he taught 60 years ago are still important, because it is very easy for doctors to close their eyes to conspiracies and injustices in medicine as it is practiced and delivered today; in doing so, they become part of the problem. I view Tate Miller as brave, courageous, politically skillful, and highly relevant to medicine today. This Dallas doctor spoke truth to power, and to me he is a hero.

Other perspectives

Even though what Tate Miller did is well documented in multiple primary sources and has been recounted on recent occasions, during the last 2 years I could not find a single doctor (black or white) who knew what he had done. This includes many white doctors who were teaching and/or practicing medicine or were in residency training in the late 1940s and 1950s and who knew and remember Tate Miller. Moreover, when African Americans reminisce about how black doctors got hospital privileges early on in Dallas, they rightly discuss the important role played by St. Paul's Hospital, but they give little or no credit to Tate Miller (8, 27). This made me pause and reconsider the exalted position into which I have attempted to place him. Maybe what he did is of little significance compared to the shame, humiliation, and repression that were forced upon black doctors by white doctors for such a long period of time. Possibly only black doctors who endured such humiliation and disappointment, yet remained in Dallas to care for their people, deserved to be called heroes in this story. I therefore decided to ask two other physicians who were in Dallas in the 1950s to evaluate the significance of these events.

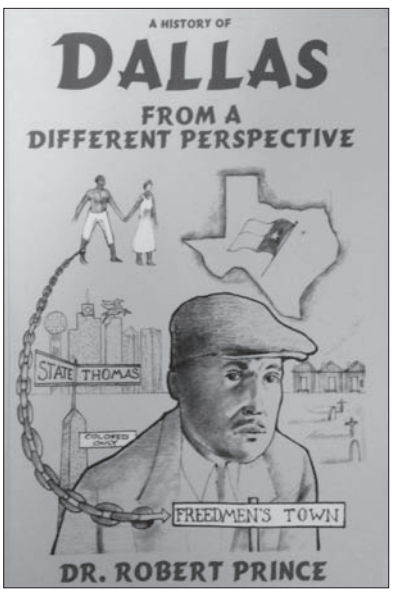

Figure 8. Dr. Prince's book, *A History of Dallas from a Different Perspective*, published in 1994.

The first is Dr. Robert Prince, author of *A History of Dallas from a Different Perspective* (7), the front cover of which is shown in *Figure 8.* His great-grandparents were slaves in the Bear Creek area of Irving, Texas. He was born at Pinkston Clinic Hospital in 1930, graduated from Booker T. Washington High School, and received a bachelor's degree in chemistry from Wiley College in Marshall, Texas. He then attended the University of California at Berkeley, where he studied biochemistry. He served in the Korean War, after which he attended Texas Southern University and was awarded a master's degree in organic chemistry. He then attended Meharry Medical College in Nashville, where he was a member of Alpha Omega Alpha. After receiving his medical degree from Meharry, he completed an internship and residency in obstetrics and gynecology at Hubbard Hospital in Nashville. He became certified by the American Board of Obstetrics and Gynecology, and he practiced obstetrics and gynecology in Dallas from 1964 to 2001.

The second is Dr. Donald Seldin, who was born on October 24, 1920, in Coney Island. He grew up in Coney Island and Brooklyn and attended New York University and Yale University School of Medicine. He served in the US Army, during which in 1946 he provided expert medical testimony at the trial of Nazi physicians at Dachau. In 1948 he returned to Yale as a member of the Department of Medicine. In 1952 he became chairman of the Department of Internal Medicine at Southwestern Medical School in Dallas, at the age of 32. At Southwestern, he built one of the greatest, if not the greatest, departments of internal medicine in the United States. He was its chairman for 35 years (32, 33). He is the most insightful person I have ever known about human behavior.

DR. ROBERT PRINCE: PERSPECTIVE OF AN AFRICAN AMERICAN PHYSICIAN

I considered Dr. Fordtran's presentation both informative and nostalgic. There is very little that I could add to this superb work. I now will give my perspective of how these historic events affected me and other African American doctors.

Dr. Tate Miller, Sister Mary Helen, and Dr. John Goforth were courageous visionaries. Their decision to allow five African American doctors to join the staff at St. Paul's Hospital was colossal.

At the turn of the 20th century, a few talented and well-trained African American physicians came to Dallas; however, because of the lack of hospital privileges and opportunities for continuing medical education, most chose not to remain. Drs. Benjamin Bluitt and C. V. Roman, the first African American physicians to practice in Dallas, moved away after a few years of distinguished service. They had made great civic contributions and improved the standard of health care for the black community.

Dr. Bluitt built the first hospital for African Americans on Commerce Street; my mother was born there in 1908. Dr. Bluitt later moved to Chicago, and Dr. Roman returned to Nashville. This loss of health care professionals created a massive void in the isolated African American community. These pioneer physicians would eventually be replaced during the early years of the 20th century. It would take another 50 years before health care access changed for African American physicians.

The picture of Pinkston Clinic generated fond memories; I was born there. Dr. Pinkston was my family doctor, and he watched me receive my medical degree in Nashville. Drs. Shelton and Conrad invited me to join their multispecialty practice in South Dallas. I practiced with them for 7 years.

As I walked into this building today, an air of nostalgia enveloped my being. In a nanosecond, I was conveyed 70 years into another moment in time; the year was 1942. I remember seeing the Baylor medical students walking briskly across the campus. Their uniforms and their complexions were white. While I worked as a paperboy on the northeast corner of Gaston Avenue and Hall Street, I sat upon my bicycle and vowed that one day I would go to Baylor. My father encouraged me to pursue my dream. He pragmatically reminded me that Baylor was for whites only. My dad advised me to strive for academic excellence and prepare myself for a medical career. Then hopefully, the laws that prevented me from attending Texas' colleges and universities would be rescinded and the door to academic freedom would open. Maybe one day I could use the public library. He often advised, "Prepare yourself for that day." That day never came for me; I was 38 years old when Baylor integrated, in 1968.

Social justice moves at glacial speed. The wisdom of the majority at that time was that African Americans were not prepared to enter into the mainstream of the *American waterway.* To me, this ideology was about as cogent as a law saying that you could not go near the water until you learned to swim.

I completed medical school in 1960 and my residency in 1964. Because of the courage and resolute moral integrity of Dr. Tate Miller and others, I was allowed the join the Dallas County Medical Society and was admitted to the staffs of St. Paul's in 1964, Parkland in 1965, and Presbyterian in 1970.

The word about health care access quickly spread, and then well-trained and talented minorities began to come to Dallas. Today, we see access in all divisions of health care. The Goals for Dallas must include programs that continue to promote health care access at all levels; it is the right thing to do. Dallas has prospered greatly since the Texas Medical Association removed the white-only clause.

I came home to practice, to the land of my forefathers, who came here when Dallas was a spot on the prairie. Now, I am finally here at Baylor. This 70-year odyssey was arduous, but I am here now.

DR. DONALD SELDIN: REPAIRING BROKEN WINDOWS

Some of you may have seen the obituaries that were recently published in the *New York Times* and the *Dallas Morning News* announcing the death of James Q. Wilson, one of the great sociologists of the United States. Dr. Wilson was interested in many aspects of social behavior and focused particularly on issues of crime.

In the 1960s, the country was beset with a major wave of serious criminal acts. Murder, rape, and aggressive thefts were widespread. Police forces were concentrated on identifying and imprisoning the many perpetrators. At this time, a modest magazine article by James Q. Wilson appeared that changed the focus of police activities. Wilson entitled his article "Broken Windows." The emphasis was on the disarray of various communities, which was the seedbed for the growth of criminal activity. He emphasized that it was of vital importance for police and other community leaders to focus on the chaos in small communities so that the grounds for the growth of major criminal acts would be removed.

In addition to emphasizing crusades against major criminal organizations (a necessary activity, to be sure), Wilson called attention to the importance of comparatively small public disturbances. He emphasized that a policeman assigned to a local community should remain there, become acquainted with the citizenry, and pay attention to minor transgressions. If a window was broken and left unrepaired, it could function as a stimulus to destroy other windows. Pretty soon, minor acts of disobedience would invade the community. Garbage would be littered everywhere, gangs would congregate, and street fights and drugs would dominate the scene. Wilson argued that correcting local public disarray would have the effect of restoring a sense of public order and communicate solidarity. Instead of focusing exclusively on *top-down* policies meant to correct major social disruptions, Wilson advocated a *bottom-up* approach in which relatively small violations of the public order were promptly corrected so that a sense of community could prevail.

Police organizations throughout the country were impacted by Wilson's broken window emphasis and assigned police officers to specific neighborhoods to ensure a composed and civil atmosphere. The striking fall in major crimes that followed the adoption of this bottom-up approach was undoubtedly in part attributable to Wilson's recommendations. The emphasis on broken windows bore great social fruit.

In Texas during the 1940s and 1950s, black physicians were prevented from pursuing patient care by various discriminating regulations. Access to patient beds was forbidden, and participation in white medical societies was prohibited. As a consequence, black physicians could not provide adequate care for their patients. Ultimately, in the 1960s, the civil rights movement approached the problem in a top-down manner.

In Dallas, Dr. Fordtran has pointed out that Drs. Tate Miller and John Goforth worked on behalf of black physicians on the basis of quality medical care and support of fellow physicians, rather than on general moral principles of right and wrong. In that respect, they were behaving in accordance with Wilson's view of the critical importance of bottom-up activities. By correcting transgressions in local hospitals and local medical societies, the hostility toward what was perceived as a threat to a privileged medical community was markedly reduced.

Drs. Miller and Goforth had nothing personal to gain from their initiatives. Indeed, they were assuming a position that ran contrary to that of the medical establishment. To be sure, there were individuals who felt that any gesture in the direction of black assimilation was intolerable, so physicians like Drs. Miller and Goforth could be the object of personal attacks. However, by focusing on specific medical matters, such as access to beds and access to diagnostic and therapeutic procedures,

which were at the heart of the Hippocratic Oath, Drs. Miller and Goforth were able to persuade white colleagues of the justice of their approach without threatening deep-held and controversial social views. Through their actions, transgressions were partially corrected and hostility was gradually softened. White physicians were reassured that the extension of medical privileges to black physicians could only result in better medical care, warmer collegiality, and, obliquely, an affirmation of basic American rights. In a sense, Drs. Miller and Goforth, using the bottom-up method, had repaired the broken windows that had fractured good medical care in Dallas. When the US government, by a top-down approach, banned racial discrimination in all public places in 1964, it could look to a body of public support that stemmed from local initiatives of doctors like Miller and Goforth. The net effect was correction of severe medical injustice.

ACKNOWLEDGMENTS

Dr. P. I. Nixon from San Antonio gave a copy of his book on TMA history (see reference 2) to me and my wife Jewel as a wedding present in 1953. It was from this book that I first learned about Tate Miller's work on behalf of African American doctors. I used this book extensively in preparing this talk and paper.

Drs. Robert Prince and Donald Seldin worked very hard to put these events in perspective, and their comments were mainly responsible for the warm reception and applause that were received when this story was told at Baylor grand rounds.

Thanks to John Fullinwider for inviting me to speak on any topic related to Dallas medical history at the UT Southwestern Medical Center Library in 2011. Many thanks also to all who allowed me to interview them: Herb Bailey, William (Doug) Crawford, Mike Darrouzet, Perry Gross, Arvel Haley, David Hitt, Pat Jenevein, John Kohler, William Larkin, Peter Louis, Mike Meierhoffer, Charles Mitchell, Henry Neuhoff, Maurice C. Perry, Robert Prince, Arthur Shannon, Charles Tandy, Elgin Ware, and Myron Watkins. Dr. Peter Louis was especially helpful by arranging for me to meet with several African American doctors in his private office. From that meeting I was introduced to others whom I met in person or talked to by phone.

Betsy Tyson and Claire Duncan were wonderful hosts when I visited TMA offices in Austin and reviewed their exhibit, "Courage and Determination—A Portrait of Pioneering African-American Physicians in Texas." They also helped me to review TMA records, and they conducted original research to answer several questions that arose during preparation of this talk and paper. Linda Doyle at the DCMS provided access to records of DCMS meetings and files on Tate Miller and John Goforth. Her assistance and friendly welcome are much appreciated.

Jason Cole searched records at the Dallas Public Library and by computer, and he also organized the bibliography. Martha Savage prepared many copies of the manuscript. Cindy Orticio worked diligently to help me convert the talk into a paper, and her editorial skills are much appreciated.

Betsy Tyson suggested the phrase for the title, "speaking truth to power," and also provided two references on the origin of the phrase (34, 35).

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